

Form **2120**
(Rev. December 2002)

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Multiple Support Declaration

► **Attach to Form 1040 or Form 1040A.**

OMB No. 1545-0071

Attachment
Sequence No. **114**

Your social security number

During the calendar year _____, the eligible persons listed below **each** paid over 10% of the support of:

Name of person supported

I have a signed statement from each eligible person waiving his or her right to claim this person as a dependent for any tax year that began in the above calendar year.

Eligible person's name

Social security number

Address (number, street, apt. no., city, state, and ZIP code)

Eligible person's name

Social security number

Address (number, street, apt. no., city, state, and ZIP code)

Eligible person's name

Social security number

Address (number, street, apt. no., city, state, and ZIP code)

Eligible person's name

Social security number

Address (number, street, apt. no., city, state, and ZIP code)